

Williamson County Employee Benefits



Working towards a healthier Williamson County.

Benefits Website

www.williamsoncounty-tn.gov/mybenefits

The Benefits website is your link to important online resources including:

- Enrollment forms
- Online “wizard” enrollment
- Plan documents
- Eligibility requirements
- Locate Health Care Professionals
- Voluntary programs
- Notice of Privacy Policy & Practices

If you need privacy or do not have computer access visit the Benefits Department. We have a computer for employees to use that is the link for all your benefit needs. The Benefits Computer is located in a private area and can be accessed Monday through Friday from 8:00am to 4:30pm.

Williamson County is HIPPA Compliant

Williamson County provides all full time employees at time of orientation the Notice of Privacy Policy & Practices. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Familiarize yourself with your benefits. You will then have the knowledge to understand how your insurance can work for you and your covered dependents.

Williamson County offers the following benefits to all full-time employees:

Employer Paid Life Insurance

Medical Coverage Options

Prescription

Dental

Flexible Spending Account (FSA)

Voluntary Programs

Employer Paid Basic Life Insurance

Williamson County provides at no cost to all full-time employees, a basic life insurance policy in the amount of \$30,000.00 with AD&D included through Sun Life.

The Employer Paid Basic Life Insurance coverage is effective on the Employee's first day of full-time employment.

You may also enroll in Basic Dependent Life which provides \$5,000 in coverage for your spouse and \$2,500 per dependent child. Dependent children are covered from 15 days to age 26.

Please refer to the plan documents at our website for a detailed description of your benefits.



Eligibility

- Employee must be considered Full-Time
- Dependent Eligibility
 - Spouse
 - Dependent Children
 - Birth Certificate is required at time of enrollment for dependents from birth to age 26.
 - Dependent children may continue coverage until the age of 26, provided they are not offered coverage through their employer.

Please refer to the plan documents at our website for a detailed description of your benefits.

Pre-existing Condition

- If you have a pre-existing condition, you may waive most or all of the waiting period by providing us with a Certificate of Coverage (COC) from your previous employer or previous insurance carrier. Pre-existing conditions only apply to the medical plan.
- Without a COC, pre-existing conditions are not payable for up to 12 months once you are effective on the medical plan.
- New enrollees age 19 and older will be subject to the 12 month pre-existing condition exclusion without a COC.
- Dependent children 18 and younger will not be subject to the Pre-existing exclusion and no COC is required.

Medical Coverage for 2011

Please refer to the plan documents at our website for a detailed description of your benefits.

Both the Deductible and Co-Pay Plans utilize the Private Healthcare Systems (PHCS) network.



Enrollment forms must be returned to The Benefits Department **within 31-days** of your full-time start date or Life Changing Event



Plan year 2011	<u>Deductible Medical Plan</u>	<u>Co-Pay Medical Plan</u>
Yearly Deductible:	<u>In Network Deductible</u> \$420.00 / Person \$1,050.00 / Family <u>Out of Network Deductible</u> \$630.00 / Person \$1575.00/Family	<u>In Network Co-Pay</u> No Yearly Deductible to meet Only Co-Pays for services <u>Out of Network</u> NO OUT OF NETWORK BENEFITS
Out of Pocket Expenses & Co-Pays	<u>In Network</u> 90% After In-Network deductible is met <u>Out of Network</u> 50% After Out of Network deductible is met	<u>In Network Co-Pay</u> \$25.00 Primary Care Physician Office Visits \$40.00 Specialist Office Visits <u>NO REFERRALS NEEDED TO GO TO A SPECIALIST</u> \$368.00 Hospital Co-Pay, per admission \$262.00 Outpatient Co-pay, per service <u>Out of Network</u> NO OUT OF NETWORK BENEFITS
Maximum Out of Pocket:	<u>In Network</u> \$1,575.00 / Person \$3,150.00 / Family <u>Out of Network</u> No Maximum	<u>In Network</u> \$2,100.00 / Person* \$4,200.00 / Family * <u>Out of Network</u> NO OUT OF NETWORK BENEFITS *Amounts that track toward the out-of-pocket maximums are services that do not have a co-pay applied
Yearly Wellness Exam:	<u>In Network</u> \$1,000.00 yearly maximum for wellness benefit per enrollee \$2,000.00 yearly maximum for wellness benefits for newborns <u>Out of Network</u> 50% After out of network deductible has been met	<u>In Network</u> \$1,000.00 yearly maximum for wellness benefit per enrollee. \$2,000.00 yearly maximum for wellness benefits for newborns <u>Out of Network</u> NO OUT OF NETWORK BENEFITS

Spousal Insurance Verification

- If your spouse is offered medical insurance benefits through their current employer, and your spouse declines the coverage, you will be charged an additional \$100.00 per month surcharge in order to enroll your spouse on the Williamson County medical plan.
 - This can be waived if your spouse is not employed, self employed, if their current employer does not offer benefits or your spouse enrolls in his/her employer plan as primary coverage and Williamson County is their secondary.
 - The Spousal Insurance Verification form must be completed in full and returned to the Benefits Department within your 31 day new hire eligibility period. Otherwise, your spouse will be added and the surcharge will apply.

Reimbursement Plan

This is an option for those that have not enrolled in the Deductible or Co-pay medical plan and have primary medical insurance elsewhere

Refer to the plan documents at our website for a detailed description of your benefits.

Annual Benefit: \$1,500 Individual \$3,000 Family

Co-Insurance(\$1,500 Annually): 100% of the first \$500 of eligible expenses (\$500 Maximum)
50% of the next \$1,000 of eligible expenses (\$500 Maximum)

Eligible Expenses: Eligible expenses must be covered expenses under the primary insurance carrier including:

- Deductible
- Co-insurance
- Physician and Prescription Co-pays
- Co-Pays of eligible expenses not paid by the primary insurance carrier per family member

Eligible Wellness Expenses:

- PSA
- Mammograms and Pap Smears
- Well Exam including Lab Work
- Well Baby Check-Ups
- Child Immunizations
- Adult Routine Physicals

Reimbursement for wellness expenses may be allowed when a primary carrier excluded wellness benefits from their plan

Eligibility: The above schedule of benefits is only applicable for expenses incurred by the employee and eligible dependents who are covered by a primary insurance plan.

Ineligible Services: Services not covered by the primary insurance plan. Charges above Usual and Customary Fees.

Williamson County **Government** 2011 Cost of Medical Insurance

<u>Deductible</u>	<u>Monthly</u>	<u>Per pay period (26)</u>
Employee Only	\$ 00.00	\$ 00.00
Employee + 1	\$164.52	\$ 75.93
Employee + 2 or more	\$314.08	\$144.96
<u>Spousal Rule Surcharge</u>		
Employee +1	\$264.52	\$122.09
Employee + 2 or more	\$414.08	\$191.11
<u>Co-pay</u>	<u>Monthly</u>	<u>Per pay period (26)</u>
Employee Only	\$ 00.00	\$ 00.00
Employee + 1	\$110.24	\$ 50.88
Employee + 2 or more	\$210.47	\$ 97.14
<u>Spousal Rule Surcharge</u>		
Employee + 1	\$210.25	\$ 97.04
Employee + 2 or more	\$310.48	\$143.30
<u>Reimbursement</u>	<u>Monthly</u>	<u>Per pay period (26)</u>
Employee Only	\$ 00.00	\$ 00.00
One Enrollee (Not Employee)	\$ 15.00	\$ 6.93
Employee + 2 or more	\$ 25.00	\$ 11.54

Per pay period deductions are based on the monthly cost and the number of pay periods in a 12 month period.

Williamson County School System

Board of Education Employees 2011 Cost of Medical Insurance

Per Pay Period Deductions		20 Pay	22 Pay	24 Pay
Deductible	Monthly	10 Month	11 Month	12 Month
Employee Only	\$ 0.00	\$ 00.00	\$ 00.00	\$ 00.00
Employee + 1	\$164.52	\$ 98.71	\$ 89.74	\$ 82.26
Employee + 2 or more	\$314.08	\$188.45	\$171.32	\$157.04
Spousal Rule Surcharge				
Employee +1	\$264.52	\$158.71	\$144.28	\$132.26
Employee + 2 or more	\$414.08	\$248.45	\$225.86	\$207.04
Co-pay				
	Monthly			
Employee Only	\$ 00.00	\$ 00.00	\$ 00.00	\$ 0.00
Employee + 1	\$110.24	\$ 66.14	\$ 60.13	\$ 55.12
Employee + 2 or more	\$210.47	\$ 126.28	\$114.80	\$105.24
Spousal Rule Surcharge				
Employee + 1	\$210.25	\$126.15	\$114.68	\$105.13
Employee + 2 or more	\$310.48	\$186.29	\$169.35	\$155.24
Reimbursement				
	Monthly			
Employee Only	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00
One Enrollee (Not Employee)	\$ 15.00	\$ 9.00	\$ 8.18	\$ 7.50
Employee + 2 or more	\$ 25.00	\$ 15.00	\$ 13.64	\$ 12.50

Per pay period deductions are based on the monthly cost and the number of pay periods in a 12 month period.



Caremark Prescription Coverage

- Prescription Coverage is included with enrollment in the medical insurance benefit
- All Maintenance Prescriptions must be ordered through the CVS/Caremark mail order service or filled at any CVS/pharmacy. Whether you choose mail service delivery or pick-up at a CVS/pharmacy, you will pay the same copay for a 90 supply.

Examples of Maintenance Prescriptions: High Blood Pressure, Birth Control, Asthma, Diabetes and High Cholesterol. Medications for **immediate** use (antibiotics) will still be purchased at any network retail pharmacy.

Local Pharmacy 30 Day Supply

<u>Generic</u>	\$15.00
<u>Preferred Brand</u>	25% or \$25.00 minimum
<u>Non Preferred Brand</u>	40% or \$40.00 minimum

CVS/pharmacy or mail service 90 Day Supply **

<u>Generic</u>	\$15.00
<u>Preferred Brand</u>	\$45.00
<u>Non Preferred Brand</u>	\$80.00

****FastStart Program:** To set up your mail order service for your maintenance medications, call 1-866-273-5268 and Caremark will contact your doctor directly for you.



Delta Dental of Tennessee 2011

- Diagnostic & preventive services are paid at 100%.
- There is a yearly deductible of \$50.00 per enrollee or \$100.00 family deductible maximum. The deductible applies to basic & major services.
- Basic services are paid at 80% and major services are paid at 50%, with a \$1,000.00 yearly maximum benefit per enrollee.
- Orthodontics has a \$1,000.00 lifetime maximum benefit per enrollee.
- There are 2 Provider Networks to choose a Dentist from, PPO and Premier.

Williamson County Government

Employee Only: \$0.00

Employee + 1 or more \$6.99

All cost are based on 26 payroll deductions

Board of Education (BOE)

Employee Only: \$0.00

Employee +1 or more:

20 pay periods \$9.08

22 pay periods \$8.26

24 pay periods \$7.57

Cost are based on 20, 22, or 24 pay periods

Please refer to the plan documents at our website for a detailed description of your benefits.

Flexible Spending Account (FSA)

You may choose to take money out of your paycheck and not pay taxes for:

- **Medical expenses** up to \$5,000.00 per calendar year.
- **Adoption expenses** up to \$5,000.00 per calendar year.
- **Daycare expenses** up to \$5,000.00 per calendar year.
- **Additional Benefit** up to \$5,000.00 per calendar year.

You must **re-enroll** during the open enrollment period to continue the Flexible Spending Benefit each calendar year. The plan begins January 1st or the date your benefits become effective and ends December 31st.

Please refer to the plan documents at our website for a detailed description of your benefits

Life Changing Event / Open Enrollment

Life Changing Events are:

Divorce
Marriage
Death

Legal Custody
Adoption
Birth

Loss of other coverage
Gaining other coverage

- When a life changing event occurs, you have 31-days from the date of the event to notify the Benefits Department and provide the appropriate documentation to change your benefits.
- If you do not notify the Benefits Department within the 31-day eligibility period, your next opportunity to make changes will be during the annual open enrollment period.

Open Enrollment:

Open Enrollment is the one time a year, eligible employees have the opportunity to make changes to their benefits. Normally open enrollment is held in the fall of each year.

Please refer to the plan documents at our website for a detailed description of your benefits

www.williamsoncounty-tn.gov/mybenefits

Employee Assistance Program (EAP)

- Your single source for support, resources & information, 24/7, 365.
- This service is provided to **all** Williamson County employees and their families at **NO COST**.
- Included benefits are:
 - Legal Connect
 - Financial Connect
 - Family Source
 - Guidance resources www.guidanceresources.com
 - Estate guidance
 - Call toll free: 877-327-4753
 - TDD: 800-697-0353
 - Williamson County's ID#: ZB3042Q
 - Refer to website under Employee Benefits option for further information.



Voluntary Benefits

Williamson County offers supplemental insurance in addition to medical and dental benefits.

These benefits, if enrolled in, are 100% Employee paid through payroll deduction. Williamson County does not pay any portion of the premium cost.

Voluntary benefits become effective the 1st of the month following 60 days of employment.

If you have questions or wish to enroll, please contact:

The Drury Group, Inc.

Charles Pareigis or Roxanne Sanders

(615) 708-6679 or (615) 791-0128


Supplemental Life

Additional life insurance for you & your eligible dependents

Newly Hired Employee: Guarantee Issue up to 5 x's annual salary or \$100,000, whichever is lesser to a maximum of \$500,000, available in \$10,000 increments

Spouse of Newly Hired Employee: Guarantee Issue to 50% of the employee benefit to a maximum of \$50,000, available in \$5,000 increments

Dependent Children of Newly Hired Employee: Benefits available in \$2,500 increments to a maximum of \$10,000. Benefits for children age live birth to 6 months is \$1,000. Benefits terminate at age 26, as long as unmarried



Employees must enroll in coverage within 60 day of Date of Hire in order to be eligible for Guarantee Issue. Any enrollment (regardless of benefit amount) after the initial eligibility period is subject to underwriting approval and employee must be able to provide proof of good health to SunLife.

Underwritten by Sun Life Insurance Company



Short-Term Disability

- Short-term disability provides an income benefit if you become disabled and are unable to work due to an off the job accident or illness
- Benefits begin 14 days after you are unable to work
- Benefits are paid for 11 weeks of a medically diagnosed disability
- Maximum benefit is 60% of weekly earnings up to \$1,000 of benefit per week
- Pre-existing conditions are subject to a 12- month waiting period and approval for coverage is determined by Transamerica.
- As a New Hire your approval for enrollment is not guaranteed. This policy is fully underwritten by Transamerica and your acceptance will be based upon Transamerica guidelines.
- Rates are based on age and benefit amount selected

Underwritten by Transamerica



Long-Term Disability

- Long-term disability provides an income benefit if you become disabled and are unable to work due to accident or illness
- Benefits begin 90 days after you are unable to work
- Benefits are paid to Social Security Defined retirement age or until you are released by physician to return to work
- Benefit is 60% of monthly earnings to a maximum of \$5,000 month
- Rates are based on the employees age and salary amount
- Pre-existing conditions could apply during the first 2 years of coverage on all enrollees as of effective date of coverage
- If you do not enroll during your initial new hire period, you will be subject to approval by Sun Life for your coverage.

Underwritten by SunLife





Vision Insurance

Insured receives the following allowance to use for covered expenses...

Exam: \$75 every 12 months

Frames: \$125 every 12 months

Single Lenses: \$50 every 12 months

Bifocal Lenses: \$75 every 12 months

Trifocal Lenses: \$100 every 12 months

Lenticular Lenses: \$100 every 12 months

Contacts: \$175 / pair every 12 months (in lieu of lens & frame benefit)

Monthly Rates:

Employee Only: \$ 9.16

Employee + 1: \$17.16

Family: \$26.20





AFLAC Critical Illness

If enrolled in this program it pays benefits directly to you if you are diagnosed with one of the following illnesses.

Available Benefits:

Employee \$10,000 or \$20,000

Spouse \$ 5,000 or \$10,000

● Cancer (internal or invasive)	Pays 100% of Benefit
● Heart Attack (myocardial infarction)	Pays 100% of Benefit
● Stroke (apoplexy or cerebral vascular accident)	Pays 100% of Benefit
● Major Organ Transplant	Pays 100% of Benefit
● Renal Failure (End Stage)	Pays 100% of Benefit
● Carcinoma In Situ	Pays 25% of Benefit
● Coronary Artery ByPass Surgery	Pays 25% of Benefit



Additional Voluntary Benefits

available through payroll deduction are....

- **Long Term Care** – *security for the future*
 - *This voluntary program is only available to County Government Employees*

**Additional information about this benefit is available
upon request. Please contact:**

The Drury Group, Inc.

**Charles Pareigis or Roxanne Sanders
(615) 708-6679 or (615) 791-0128**





Important Information to Remember....

- Premiums for voluntary insurance plans are paid by the employee through payroll deduction
- Newly hired employees have 60 days to enroll in the voluntary insurance plans in order to be eligible for Guarantee Issue. **Enrollment after this period will be subject to underwriting approval. Employee will be responsible for providing proof of good health.**
- Voluntary benefits become effective the 1st of the month following 60 days of employment
- Contact The Drury Group if you have questions or wish to enroll in any of the voluntary benefits. Your benefit representatives are:
 - Charles Pareigis: (615) 708-6679 or charles@drurygroup.com
 - Roxanne Sanders: (615) 791-0128 or roxanne@drurygroup.com

Overview

You are NOT automatically enrolled in any of the insurance benefits Williamson County offers.

Medical and Dental enrollment must be returned within **31-Days** of your full time start date by: Completing enrollment forms or enrolling on the “**Wizard**”. Your login and password to the “**Wizard**” will be e-mailed to you by the Benefits Department. If you do not provide an e-mail address, your login and password will be mailed to your home address. To enroll on the “**Wizard**” you will need to wait 72 hours from your orientation for your information to be entered into our system.

Voluntary program(s) enrollment forms must be returned within **60-Days** of your full time start date by completing any of the necessary paperwork required by that plan.

The following information must be returned to enroll in any of the Benefit Programs:

- Medical Insurance – Enrollment form, Spousal Verification (if applicable) & Birth Certificate (if applicable).
- Dental Insurance – Enrollment form & Birth Certificate (if applicable).
- Employer Paid Life Insurance – Enrollment Form will be completed & turned in during the Benefits Orientation.
- Voluntary Benefits: LTD, STD, Supp. Life & Vision - Enrollment forms required by that plan.

For your records, make copies of paperwork you send to the Benefits Department or when enrolling on the “Wizard**” print the confirmation page.**

Please note: Medical, Dental and Vision benefits are deducted from your paycheck on a pre-tax basis, **unless** the employee notifies payroll differently.

Your Williamson County Benefits Department

www.williamsoncounty-tn.gov/mybenefits

- **Pam Esberger** **New Hire Specialist** **615-591-8526** pame@wcs.edu
New Hire Orientations, New Hire Enrollment & Add Dependents
pame@williamson-tn.org
- **LeAyn Barnhill** **Benefits Specialist** **615-591-8521** leaynb@wcs.edu
General Questions, New Hire Orientations & Receipt of all Paperwork
leaynb@williamson-tn.org
- **Renee Spicer** **Benefits Specialist** **615-595-1268** renees@wcs.edu
BOE Leave of Absence, Flex & WCG Insurance Deduction administration
renees@williamson-tn.org
- **Mary Wallace** **Benefits Specialist** **615-790-5600** maryw1@wcs.edu
WCG Leave of Absence & BOE Insurance Deduction administration
maryw@williamson-tn.org
- **Laurie Gulan** **Retiree/COBRA Specialist** **615-591-8506** laurieg1@wcs.edu
Retiree Benefits, COBRA, Termination of Employee Benefits & Dependents
laurieg@williamson-tn.org

Gina Cavanaugh, Director of Benefits
ginac@williamson-tn.org

The Benefits Department is located in the Administrative Complex at 1320 West Main Street, Suite 204B Franklin TN 37064. Office hours are Monday through Friday 8:00 am – 4:30 pm. **Fax # 615-790-5876**

Important Contact Information



Customer Service

800-798-2422

www.consociatedansig.com



Customer Service

888-523-7427

www.phcs.com



Customer Care

800-966-5772

Faststart

866-273-5268

Employee Discount Card

888-543-5938

Specialty Pharmacy

866-295-2779

www.caremark.com



Customer Service

800-223-3104

www.deltadental.com



Charles Pareigis
Roxanne Sanders

charles@drurygroup.com
roxanne@drurygroup.com

615-708-6679
615-791-0128
www.williamsoncounty-tn.gov/mybenefits